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Office location:	Alexandria, VA
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From:	Jay Millman
Office location:	Toronto, ON
Phone number:	416-512-8100

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TOTAL PAGES, INCLUDING COVER: 4

Comments:

Re: U.S. Patent Application No. 10/501,453

Please see the attached Revocation of Power of Attorney and corresponding documents.

Thank you,

Jay Millman
Reg. No. 52,520

425 University Ave. W, Suite 300, Toronto, Ontario, Canada M5G 1T6
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PTO/SB/21 (09-08)

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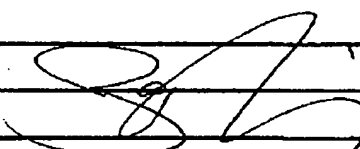
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/501,453	
	Filing Date	January 14, 2003	
	First Named Inventor	William Herman	
	Art Unit	1644	
	Examiner Name	Phuong N. Huynh	
Total Number of Pages In This Submission	4	Attorney Docket Number	HER1-006

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Letter to USPTO
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Herman & Millman		
Signature			
Printed name	Jay M. Millman		
Date	October 12, 2006	Reg. No.	52,520

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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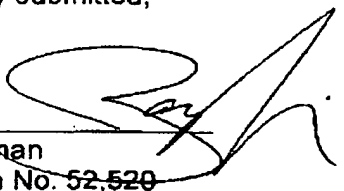
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
U.S.A

Dear Sir,

Re: United States Patent Application No. 10/501,453
For: TARGETED LIGANDS
Inventor: William Herman

The applicant encloses an executed *Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (PTO/SB/82)* form appointing this firm as the agent with respect to the above matter.

Respectfully submitted,


Jay M. Millman
Registration No. 52,520
/ml

Encl.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/501,453
Filing Date	January 14, 2003
First Named Inventor	William Herman
Art Unit	1644
Examiner Name	Phuong N. Huynh
Attorney Docket Number	HER1-006

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 62,879

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

62,879

OR

☐ Firm or
Individual Name

Herman & Millman

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

William Herman

Date

Oct 11, 2006

Telephone

416-512-8100

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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